DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)1/24/2017
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRII	NG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
10/01/2016	1	12/31/2016

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

E: 03301

 ${\sf MINOR}$

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

NHR053141	002-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016	

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2016	1	12/31/2016

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

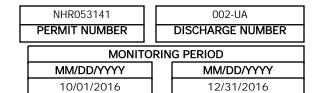
ADDRESS: 69 Rover Street

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No	
Dischause	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

DMR Mailing ZIP CODE:

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Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

NHR053141		003-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2016	1	12/31/2016

DMR Mailing ZIP CODE:

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MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

DMR Mailing ZIP CODE:

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MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Γ	NHR053141			003-ZA		
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	OR	RIN	G PERIOD		
	MM/DD/YYYY			MM/DD/YYYY		
	10/01/2016	7		12/31/2016		

DMR Mailing ZIP CODE:

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MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

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Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.036	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	ine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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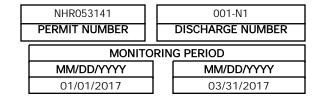
ADDRESS: 69 Rover Street

Everett, MA 02149

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CONCORD, NH 03301



DMR Mailing ZIP CODE:

DDE: 03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	3.1	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.44	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	27	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)4/04/2017
TYPED OR PRINTED	unic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.026	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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03301

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-LA					
	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	01/01/2017	1		03/31/2017					

DMR Mailing ZIP CODE:

: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.39	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

		Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

l	NHR053141		002-N1
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2017	7	03/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	730	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	37	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	470	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-UA					
	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	01/01/2017	7		03/31/2017					

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.66	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Г	NHR053141			002-ZA					
	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	01/01/2017	7	ſ	03/31/2017					

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.5	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	****	.066	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

l	NHR053141		003-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2017	7	03/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		AND	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	150	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	2.5	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	*****	49	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23)4/04/2017	
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CONCORD, NH 03301

Г	NHR053141			003-UA		
	PERMIT NUMBER			DISCHARGE NUMBER		
	MONITORING PERIOD					
	MM/DD/YYYY			MM/DD/YYYY		
	01/01/2017	7		03/31/2017		

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

	NHR053141		003-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
Γ	01/01/2017	1	03/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.14	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)4/04/2017
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

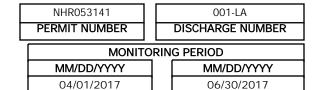
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCE			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.043	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improdument for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	ORIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
04/01/2017	Ī	06/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	250	mg/L	1	Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	2	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.5	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	19	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)8/03/2017
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

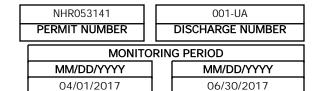
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.027	mg/L	1	Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)8/03/2017
TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.2	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Г	NHR053141			002-LA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	04/01/2017	7		06/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

	NHR053141		002-N1
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2017	1	06/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	240	mg/L	1	Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	2.3	mg/L	1	Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	160	mg/L	1	Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	mg/L	1	Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel concerns the part of the person	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017	

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.25	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Lectify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	003-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017	

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.082	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

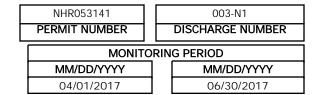
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	400	mg/L	1	Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	3	mg/L	1	Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	130	mg/L	1	Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13	mg/L	1	Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richard Carmosino	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)873-1667)8/03/2017
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 003-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

06/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			T		0,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.3	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

04/01/2017

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richard Carmosino	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)873-1667)8/03/2017
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			001-IW
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OF	RIN	G PERIOD
	MM/DD/YYYY 10/01/2016			MM/DD/YYYY
				09/30/2017

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of Ifine and imprisonment for knowing violations.	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

l	NHR053141		001-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2017	Ī	09/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of life and imprisonment for knowing violations.	Richard Carmosino	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	001-UA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OR	RING PERIOD
	MONITO MM/DD/YYYY	OR]	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richard Carmosino	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

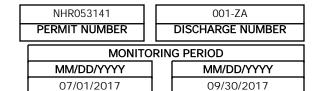
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No	
Dischause	

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

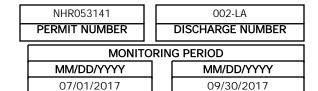
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2017	1		09/30/2017

DMR Mailing ZIP CODE:

D

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

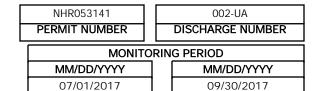
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		002-ZA			
	PERMIT NUMBER			DISCHARGE NUMBER			
	MONITORING PERIOD						
	MM/DD/YYYY]		MM/DD/YYYY			
	07/01/2017	7		09/30/2017			

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	003-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

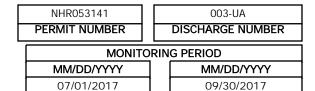
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

lalling Zii CODE.

 MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		003-ZA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	IN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2017	7		09/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .001	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEPHONE		DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2017	1	12/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	14	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	6.3	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .05	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	25	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEPI	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	11/22/2017	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 001-UA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2017 10/01/2017

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		001-ZA		
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONIT	OR	RIN	G PERIOD		
	MM/DD/YYYY			MM/DD/YYYY		
	10/01/2017	7		12/31/2017		

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.013	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEPHONE		DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
10/01/2017	1	12/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.9	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	1.1	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	*****	29	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/07/2018
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		002-UA			
	PERMIT NUMBER	NUMBER DISCHARGE NUMBE				
	MONITORING PERIOD					
ĺ	MM/DD/YYYY	MM/DD/YYYY				
ı	10/01/2017	1	12/31/2017			

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.046	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		002-ZA
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2017	7	12/31/2017

DMR Mailing ZIP CODE: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.14	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person proposed and the propos	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisonment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Γ		003-N1		
	PERMIT NUMBER	RMIT NUMBER DISCHARGE NUMBE				
	MONITORING PERIOD					
	MM/DD/YYYY MM/DD/YYYY					
	10/01/2017	7		12/31/2017		

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/07/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: SCHNITZER NORTHEAST

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	003-UA	
	PERMIT NUMBER		DISCHARGE NUMBER	
	MONITO	OR	RING PERIOD	
	MM/DD/YYYY		MM/DD/YYYY	
	10/01/2017	1	12/31/2017	

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

				QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/07/2018
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		003-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORII	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2017	7	12/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/07/2018
TYPED OR PRINTED	ane are imprisonment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		001-LA			
Γ	PERMIT NUMBER	MBER DISCHARGE NUMBER				
	MONIT	OF	RING PERIOD			
	MM/DD/YYYY]	MM/DD/YYYY			
	01/01/2018	7	03/31/2018			

DMR Mailing ZIP CODE:

P CODE: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)873-1667)2/16/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	DR	IN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	01/01/2018	1		03/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.8	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.05	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	17	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	7	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.07	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-LA			
	PERMIT NUMBER			DISCHARGE NUMBER			
	MONITORING PERIOD						
	MM/DD/YYYY			MM/DD/YYYY			
	01/01/2018			03/31/2018			

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149 FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
MM/DD/YYYY		MM/DD/YYYY				
01/01/2018	1	03/31/2018				

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	100	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	5.4	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	44	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-UA		
	PERMIT NUMBER			DISCHARGE NUMBER		
	MONITORING PERIOD					
	MM/DD/YYYY			MM/DD/YYYY		
	01/01/2018			03/31/2018		

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Diaghanna

			QUANTITY OR LOADING			DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-ZA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRI	NG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
01/01/2018	1	03/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.16	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

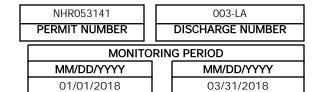
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/16/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		003-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
01/01/2018	Ī	03/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	19	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.4	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.84	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

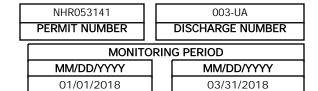
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003)6/08/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			003-ZA				
	PERMIT NUMBER			DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	01/01/2018	7	I	03/31/2018				

DMR Mailing ZIP CODE: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No	
Discharge	

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.047	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OR	RING PERIOD
	MONITO MM/DD/YYYY	OR]	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.0079	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	001-N1						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
04/01/2018	06/30/2018						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	13	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	15	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.093	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	28	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/22/2018
TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7.9	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/22/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

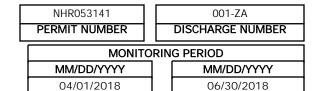
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.041	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

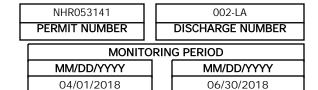
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.058	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improdument for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
04/01/2018	1	06/30/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	190	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	6.4	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	3.8	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	160	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

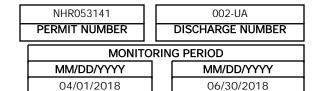
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

J

03301

 ${\sf MINOR}$

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			O	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	86	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.19	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.17	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		003-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
04/01/2018	7	06/30/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	180	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	4.2	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	*****	110	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	260	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	003-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.48	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	*****	****	*****	****	6.93	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	.066	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

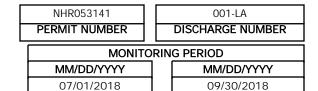
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	IG	Contain on contain in the little			FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0054	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRII	NG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
07/01/2018	1	09/30/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	90	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.066	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	10/31/2018
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

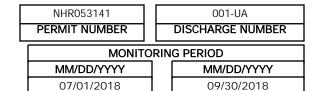
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.6	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

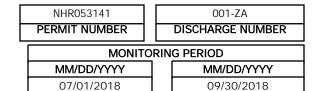
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.02	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.051	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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İ	TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
07/01/2018	1	09/30/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	47	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.9	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	88	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-UA	
	PERMIT NUMBER			DISCHARGE NUMBER	
MONITORING PERIOD					
	MM/DD/YYYY			MM/DD/YYYY	
	07/01/2018	7		09/30/2018	

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	440	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		10/31/2018
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

IIIIng ZIP CODE: 0

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.16	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

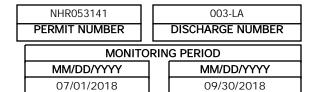
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

 ${\sf MINOR}$

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons or person or perso	Gary Raddatz	TELEPHONE		DATE
Monogon	roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons ho manage the system, or those persons directly responsible for gathering the information or persons formation submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am ware that there are significant penalties for submitting false information, including the possibility of ne and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		12/10/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 3 - no visible point of discharge on date of sample event

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

ı	NHR053141		003-N1				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	07/01/2018	7	09/30/2018				

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
Gary Raddatz/ Regional Environmental Manager	to manage the system, or those persons directly responsible for gathering the information, the ormation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(603)702-2583		12/10/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 3 - no visible point of discharge on day of sample event

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		003-UA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2018	7	09/30/2018

DMR Mailing ZIP CODE:

3

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Gary Raddatz/ Regional Environmental Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	12/10/2018
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

outfall 3 - no visible point of discharge on day of sample event.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Gary Raddatz/ Regional Environmental Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	12/10/2018
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 3 - no visible discharge on day of sample event.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DR	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	7	12/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		001-N1	
	PERMIT NUMBER			DISCHARGE NUMBER	
	MONITO	DR	IN	G PERIOD	
	MM/DD/YYYY MM/DD/YYYY				
	10/01/2018 12/31/2018				

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)3/11/2019
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			001-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2018	1		12/31/2018

DMR Mailing ZIP CODE:

J

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
		who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)3/11/2019
İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

E: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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Everett, MA 02149

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2018	1	12/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

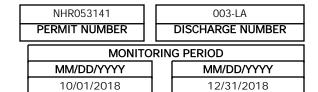
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-258)3/11/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		003-N1						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
10/01/2018	1	12/31/2018						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisorment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

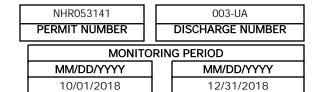
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			003-ZA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2018			12/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

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MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.0084	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

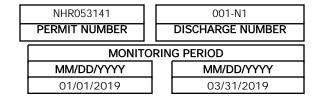
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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		AUD	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	16	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	001-UA
	PERMIT NUMBER	[DISCHARGE NUMBER
	MONITO	2R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	7	03/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.08	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)5/31/2019
TYPED OR PRINTED	ине ана търгоситель на киситу ченаволо.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 5				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
01/01/2019	7	03/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 5				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

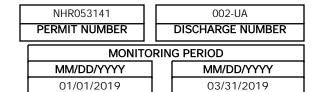
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 5				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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ADDRESS: 69 Rover Street

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		002-ZA
	PERMIT NUMBER	Ī	DISCHARGE NUMBER
	MONITO	OR	RING PERIOD
	MONITO MM/DD/YYYY	OR]	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 5				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

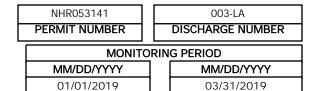
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR	053141	Γ		003-N1
PERMIT	NUMBER			DISCHARGE NUMBER
	MONIT	OR	IN	G PERIOD
MM	MM/DD/YYYY			MM/DD/YYYY
01/	01/01/2019			03/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 06/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.01	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
04/01/2019	1	06/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	4.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.16	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	*****	25	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

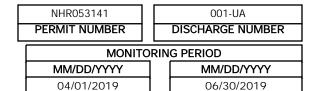
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.0071	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ame and improvement for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.062	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)8/29/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0014	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053	141		002-N1						
PERMIT NU	MBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
MM/DD	YYYY]	MM/DD/YYYY						
04/01/	2019]	06/30/2019						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	6.7	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.21	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	81	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

g ZIP CODE: 03301

 MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.0031	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		002-ZA
L	PERMIT NUMBER	İ	DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2019	7	06/30/2019

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Diaghard

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.011	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	003-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OR	RING PERIOD
	MONITO MM/DD/YYYY	OR]	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		003-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	IN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	04/01/2019	1		06/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		003-UA						
	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	04/01/2019	7	06/30/2019						

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			003-ZA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	04/01/2019	1		06/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Г	NHR053141		001-IW
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RII	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2018	7	09/30/2019

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	****	40.5	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
РН	SAMPLE MEASUREMENT	****	*****	****	*****	****	7.29	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.084	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	11/26/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2019 09/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.0062	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Γ		001-N1					
	PERMIT NUMBER		DISC	HARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY]		MM/DD/YYYY					
	07/01/2019	1		09/30/2019					

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		AUD	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.86	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.084	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	32	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

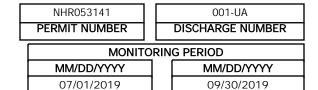
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

· ·

Copper: Water Hardness 0-24.99 mg/l

External Outfall

MINOR

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	92	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	11/26/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			001-ZA
	PERMIT NUMBER	Ī		DISCHARGE NUMBER
	MONITO	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2019			09/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.026	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019	

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.039	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
07/01/2019	1	09/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	100	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	5.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.2	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	210	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

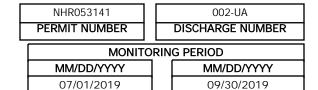
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	77	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		11/26/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 002-ZA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2019 09/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.31	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEPHONE		DATE	
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		003-LA				
	PERMIT NUMBER			DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	07/01/2019			09/30/2019				

DMR Mailing ZIP CODE: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 69 Rover Street

Everett, MA 02149

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Г	003-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO)RI	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2019	7	09/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

ODE: 03301

 ${\sf MINOR}$

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

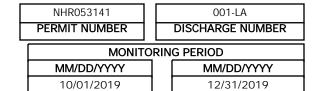
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.0058	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.06	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	19	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.006	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	001-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.051	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)1/28/2020
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-LA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2019	7		12/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTI		QUANTITY OR LOADING							FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 5				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ине ана търгосителя тог кночиту ченавело.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2019	1	12/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 5				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

						NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 5				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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İ	TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 69 Rover Street

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 5				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		003-N1		
	PERMIT NUMBER			DISCHARGE NUMBER		
	MONITO	G PERIOD				
	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY					
	10/01/2019	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY				

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	LOADING QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

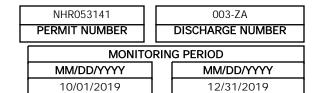
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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NAME: SCHNITZER NORTHEAST

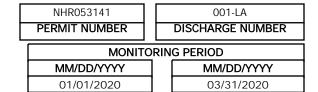
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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	NG PERIOD	
MM/DD/YYYY		MM/DD/YYYY
01/01/2020	7	03/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI Z				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI Z				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI Z				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI Z				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

l	NHR053141		001-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	RING PERIOD	
	MONTY	ᄱ	KING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	7	03/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Г	NHR053141		002-LA			
	PERMIT NUMBER	ERMIT NUMBER DISCHARGE NUMBER				
	MONITO	DRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	01/01/2020	1	03/31/2020			

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70)5/14/2020	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Γ	002-N1			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	DRI	NG PERIOD			
	MM/DD/YYYY]	MM/DD/YYYY			
	01/01/2020	7	03/31/2020			

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI Z				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI Z				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI Z				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI Z				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Г	002-UA				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	DRII	NG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	01/01/2020	Ī	03/31/2020				

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-ZA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2020	7		03/31/2020

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	003-N1				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	OR	RIN	G PERIOD			
	MM/DD/YYYY]		MM/DD/YYYY			
	01/01/2020	7		03/31/2020			

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI Z				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI Z				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI Z				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Г	NHR053141			003-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2020	1		03/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ame and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

	NHR053141		001-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	04/01/2020	1	06/30/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOAD			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	001-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020	

DMR Mailing ZIP CODE:

: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		002-LA
	PERMIT NUMBER	Ī	DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2020	7	06/30/2020

DMR Mailing ZIP CODE: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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NHR053141		002-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
04/01/2020	1	06/30/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)9/08/2020
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

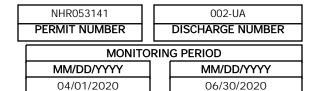
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				T	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEPHONE		DATE
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TYPED OR PRINTED	ane and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		003-N1		
	PERMIT NUMBER	MIT NUMBER DISCHARGE NUMBER				
	MONITO	IN	G PERIOD			
	MM/DD/YYYY			MM/DD/YYYY		
	04/01/2020			06/30/2020		

DMR Mailing ZIP CODE:

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

.....**9** --- - - - -

03301

 ${\sf MINOR}$

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)9/08/2020
TYPED OR PRINTED	ane are imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		003-ZA				
	PERMIT NUMBER		DISCHARGE NUMBER				
1	MONITORING PERIOD						
ı	MONTE	KIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
ı	04/01/2020	Ī	06/30/2020				

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

	NHR053141		001-IW				
	PERMIT NUMBER		DISCHARGE NUMBER				
[MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
ſ	10/01/2019	1	09/30/2020				

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	44.7	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Н	SAMPLE MEASUREMENT	*****	****	****	*****	****	7.41	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.24	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	11/24/2020	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

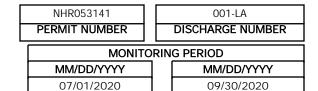
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0058	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	IN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	07/01/2020	1		09/30/2020

DMR Mailing ZIP CODE:

. .

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	9.5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.44	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.24	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	32	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

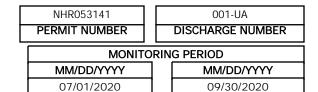
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

DE: 03301

 ${\sf MINOR}$

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.015	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.034	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

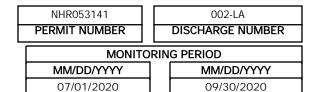
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.3	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	11/24/2020
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		002-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	RIN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	07/01/2020			09/30/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	220	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	46	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.9	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	180	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEPI	DATE	
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TYPED OR PRINTED	unic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

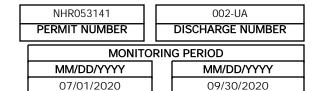
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.78	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020	

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	3.1	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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NAME: SCHNITZER NORTHEAST

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		003-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
07/01/2020	1	09/30/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

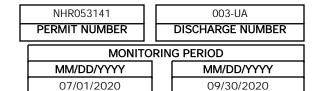
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		003-ZA							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	07/01/2020	Ī	09/30/2020							

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		001-LA							
Г	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
ĺ	MM/DD/YYYY]	MM/DD/YYYY							
ı	10/01/2020	1	12/31/2020							

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

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	MONITORING PERIOD									
	MM/DD/YYYY]		MM/DD/YYYY						
	10/01/2020	1		12/31/2020						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

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CONCORD, NH 03301

Γ	NHR053141		001-UA							
	PERMIT NUMBER	Ī	DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
	10/01/2020	7	12/31/2020							

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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CONCORD, NH 03301

NHR053141	001-ZA
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.019	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ине ана търгосителя тог кночиту ченавело.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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CONCORD, NH 03301

	NHR053141		002-N1
	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	10/01/2020	7	12/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	31	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	1.5	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	1	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	****	26	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)2/01/2021
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

CODE: 03301

 ${\sf MINOR}$

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ине ана търгосителя тог кночиту ченавело.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			002-ZA	
	PERMIT NUMBER			DISCHARGE NUMBER	
	MONITORING PERIOD				
	MM/DD/YYYY			MM/DD/YYYY	
	10/01/2020	7		12/31/2020	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.07	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of	Gary Raddatz	TELEP	DATE	
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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		003-N1						
	PERMIT NUMBER			DISCHARGE NUMBER						
	MONITORING PERIOD									
	MM/DD/YYYY]		MM/DD/YYYY						
	10/01/2020	1		12/31/2020						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	tine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			003-UA					
	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	10/01/2020	1		12/31/2020					

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No	
Dischange	

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)2/01/2021
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			003-ZA					
	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	10/01/2020	7		12/31/2020					

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			001-LA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2021	7		03/31/2021

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.0095	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment for knowing violations.	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
01/01/2021	7	03/31/2021

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.27	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.056	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	20	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

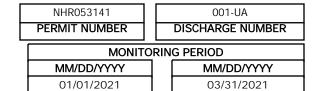
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING QUALITY			UALITY OR CON	JALITY OR CONCENTRATION				SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	30	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141		001-ZA		
t	PERMIT NUMBER		DISCHARGE NUMBER		
	MONITO	DRIN	G PERIOD		
	MM/DD/YYYY]	MM/DD/YYYY		
	01/01/2021 03/31/2021				

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.12	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

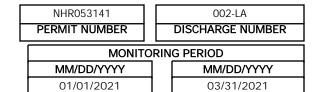
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

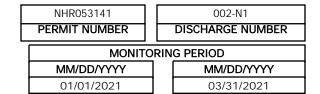
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	45	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	3	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.6	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	71	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)4/14/2021
TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	002-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.098	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person processors and the processor of the proc	Gary Raddatz	TELEP	HONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am ware that there are significant penalties for submitting false information, including the possibility of ine and imporsoment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)4/14/2021
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

J

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ	003-N1		
	PERMIT NUMBER		DISCHARGE NUMBER		
	MONITO	2R	RING PERIOD		
	MM/DD/YYYY MM/DD/YYYY				
	01/01/2021	7	03/31/2021		

DMR Mailing ZIP CODE:

D.

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Г	NHR053141			003-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2021	7		03/31/2021

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141			003-ZA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2021	7		03/31/2021

DMR Mailing ZIP CODE:

CODE: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	24	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	14 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
07/01/2021	1	09/30/2021

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	13	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	280	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	22	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	< 10	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

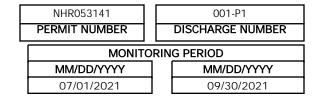
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301



DMR Mailing ZIP CODE:

03301

MINOR

Railroad, Local Highway Passenger Motor Freig

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	13	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	****	*****	< 10	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141	001-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	90	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	37 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	59	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	14 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

l	NHR053141		002-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2021	1	09/30/2021

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	88	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3800	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	100	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	63	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	10/25/2021	
TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	ſ		002-P1				
	PERMIT NUMBER		D	DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY]		MM/DD/YYYY				
	07/01/2021	1	Γ	09/30/2021				

DMR Mailing ZIP CODE: 03301

viaining zin CODE.

MINOR

Railroad, Local Highway Passenger Motor Freig

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	8.12	*****	8.12	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	88	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	63	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	10/25/2021	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 002-ZA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2021 07/01/2021

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	260	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	37 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	ho manage the system, or those persons directly responsible for gathering the information, the formation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		10/25/2021
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Г	003-LA					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	07/01/2021	1	09/30/2021					

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	14 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST POPLAR AVENUE FACILITY

LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Γ	003-N1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	07/01/2021	1	09/30/2021					

DMR Mailing ZIP CODE:

: 03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

Γ	NHR053141	Γ	003-P1				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	NG PERIOD					
	MM/DD/YYYY]	MM/DD/YYY	Y			
	07/01/2021		09/30/2021				

DMR Mailing ZIP CODE:

03301

MINOR

Railroad, Local Highway Passenger Motor Freig

External Outfall

No

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI F	*****	NODI F				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		10/25/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 14 POPLAR AVENUE

CONCORD, NH 03301

NHR053141 003-ZA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2021 07/01/2021

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	37 MAXIMUM	ug/L		Quarterly	Grab

		Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	10/25/2021
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY